

READYTALK

Moderator: Muriel Taylor
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Operator: This is conference # 59290079.

Hello everyone welcome to the South Carolina Home and Community-Based Services statewide transition plan Webinar being hosted by Family Connection. The South Carolina Home and Community-Based Services statewide transition plan is going through a third public comment period due to changes made in the plan. This Webinar will review the changes made to the plan which outlines how South Carolina will meet the new standards for waiver services.

We have Kelly Eifert Project Manager here, as well as Cassidy Evans to speak to you today about these changes in the plan. Ladies.

Cassidy Evans: Thank you. Good afternoon everyone, thank you so much for joining us today. Just a brief overview, I'm sorry, this is Cassidy Evans speaking and Kelly Eifert will be also chiming in during the entire presentation, so it will be going to be between the both of us. Just as a brief agenda, first is going to be a introduction into just, you know, the rule on where we are with our statewide transition plan. Then we're going to go through the actual changes we have made to the transition plan and then follow-up with any comments and questions.

So I'm sure this is something that you heard us say often over the past few years but just as a brief overview again, the HCBS final rule was put out by CMS January 14, 2014 and with an effective date of March 17, 2014 and we

must be fully compliant with the rule by March 17, 2019. The settings rule covers various aspects of Home and Community-Based Services in where they are provided.

But the core elements of the final rule can be really encapsulated with these three words, independent, integrated, and individual. So we want Home and Community-Based Services to help individuals be as independent as possible. We want Home and Community-Based Services to be integrated within the community and, you know, an important concept of that is community of course is not just a location but the relationships that individuals have within their location. So really making sure that individuals truly are integrated and part of their community not just isolated and beside the community.

And then finally we want services to be as individualized as possible, and really focusing on making sure that services help individuals lead the life that they want to live for themselves. So, you know, if you are looking for any more information about the Home and Community-Based Service rule you can check out our Web site which will be a the final slide of this presentation. But if you remember anything the rule, let it be those three concepts, independent, integrated, and individual.

So as part of the rule CMS has required all states to put together a statewide transition plan. Our first statewide transition plan was out in 2015 and what it encapsulates is developing the STP, and then from there we'll be moving forward as you can see the trajectory of how the statewide transition plan goes through the process.

We are currently still awaiting initial approval from CMS, there have been I believe five states already who have received initial approval and that's Kentucky, Ohio, Iowa, Delaware and then Tennessee has received complete final approval, meaning that their transition plan is completely approved and they're just moving forward. We are hoping that we'll be getting initial approval soon and once we do we can move on to the next steps of that process.

Kelly Eifert: So just to give a status update, and this is Kelly, on the statewide transition plan. As you can see on the slide, we submitted our first one in February of 2015 and it had gone through several revisions due to feedback from CMS. And the last one we submitted was at the end of March of this year and we received significant feedback from CMS to really restructure our plan, and so that is why we're doing another public comment period in the hopes of receiving our initial approval as Cassidy mentioned.

And the main focus of this is our systemic assessment which we'll talk about here in just a moment. As you note at the bottom of this slide, this is our public notice and comment period, it started August 17 and will be active through October 7th. In addition to the Webinar today, we will have nine public meetings and we'll talk about those a little bit later. And then our goal is to submit our revised transition plan to CMS on October 28th.

Now the statewide transition plan has four primary sections as you can see on your screen, and these are the sections that CMS just said we want information on these. So the first one is communication and outreach, how we communicated with all of our stakeholder, beneficiaries, families, providers, advocates, other state agencies, and other stakeholders, and letting people know about our process and about our plan. The next section again, the SSS of this particular revision are systemic assessment which described how where our laws and regulations, policies, that guide our program, where are they in terms of the compliance with the new standard and put out by the rules.

The assessment and settings, looking at where our waiver services are provided and how do they measure up against these new standards. And so we had to describe how we're going to determine that and how we're going to get all of our settings to compliance by March 17, 2019. The heightened scrutiny piece which talks about specific requirements that CMS has put forth in the rule to make sure that we don't have anything that has institutional quality or is in fact an institution providing Home and Community-Based Services and if that's the case if we have to relocate beneficiaries to compliance settings how we do that.

We'll note we do have several appendices, previously they were included in the full copy of the plan to streamline that to make a little bit less confusing and less lengthy. We put all of our appendices on our Web site, and the links to the appendices are directly in the plan as well, and you could see that link there at the bottom of your page.

Cassidy Evans: This is Cassidy, I do want to address one question that has already popped up on the chat box. We will be doing answering all the questions at the end of our presentation, but I apologize, I used an acronym without describing it, CMS is the Centers for Medicare & Medicaid, it's the federal agency in charge for Medicaid and Medicare. So that being said we will address additional questions at the end of this presentation.

Kelly Eifert: Thank you. OK, so what we're going to do is talk about each section of the plan. So for communication and outreach and if you have the plan up or want to read it, it starts on page four. This discusses how the plan was developed, the timeframe for the development of the plan, who was involved, and the different methods that the Department of Health and Human Services DHHS is using to communicate with the public about our statewide transition plan and the activities happening related to that transition period.

The current version of our plan includes the latest activities for communication about it, you will see it says update for August 2016, and the timeline details, the future plan and communication as well, as we will continue to revise these plan as we go through each part of the process of transition and compliance. With that on page four, I think the biggest thing you'll notice is CMS asked us to identify the composition of our HCBS workgroup which still does meet monthly or at least communicate monthly at a minimum about the activities around our transition ad so they asked us for a breakdown percentage wise of who comprises that group. So you will find that in there. OK.

Cassidy Evans: The next section of the statewide transition plan is going to be our systemic review. And as we stated this is going to be the main focus of what we're

going to be talking about today, and really what's driving the initial approval process for CMS. The systemic review section has undergone significant changes, so if you haven't had a chance to review it, please do.

Let me say though, none of the information has changed, none of the results have changed, it's just how it looks has very much changed. It's more streamlined, we have instead of having four to five different charts we just have two charts now. Originally appendix B was one of our charts that is now part of the plan itself, and we really hope that it's a little bit more user friendly and understandable for how our system actually looks compared to the HCB settings rule.

So the systemic review again was looking at all of our laws, regulations, standards, directives, our policies to see how they line up compared to the HCBS final rule. And as I stated before, we actually look pretty good on paper, so you're going to see two charts now in the statewide transition plan. The first chart, chart number one, which starts on page 10, this is what originally was just a listing of all of the different parts of the system that was reviewed. Now what it does is it – again it lists everything that was reviewed so it list out the code sections of the South Carolina code of laws, the regulations that were reviewed, points to the DDSN directives and standards.

And now the additional piece is it points out what part of the HCBS final rule is connected to those various codes, laws, and regulations. So for instance, you know, it might say that the DDSN residential habilitation standards reflects the CMS regulation of, you know, promoting privacy in a residential setting. So it's going to better connect of how our system is compliant with the rule as well as again highlighting the areas in which we are not compliant. But again none of that is new information, it's just presented differently. The second chart you're going to find in this system is going – excuse me, in the systemic review portion is on page 19, and again like I said that was the old appendix B. And what that piece is looking at how our current system is compliant, how is our current settings already come forth with the regulation.

Originally this chart was broken up into all of the different settings so for instance they service settings included the adult activity centers, work activity centers, sheltered workshops and the unclassified programs. But that was rather duplicative and it created a lot more paper than was necessary, so now because the standards and policies for those are all really contained within the same standards and regulations and laws, it's all under just one heading. So what used to be about a chart with eight different columns now has just four columns.

So within our HCBS service delivery system, there really are four key setting types, one is our Adult Day Health Cares, the second which is part of our CLTC waiver programs, and possibly the IDRD waiver program, our pediatric daycare which is part of our medically complex children waiver program, our day services setting, so like I said those are our adult activity centers, work activity centers, sheltered workshops, and unclassified programs. And then finally our residential habilitation service settings.

So that's going to be our CRCS, our CTH 1 and 2, our SLP 1 and 2, as well as if there is any cloud or I believe the new name is (Serve) settings or any of the other pilot settings that might be out there. So those are going to be impacted by the residential habilitation standards. So what's that chart looks like. Again none of the information is new, it's just a little bit clearer and hopefully a little bit more direct in helping people really understand where we are as a service delivery system.

So that all being said we do know that we have initial findings, and this is something that we have covered before, but just to reiterate we do know that as a system we have areas in which we are going to need to work on. One we know that the state does not really offer any non-disability specific settings for which services can be rendered. We know that we need work on really infusing person centered philosophy thinking and service planning as part of our entire system, and really looking at making sure that individual have individualized schedules not inflexible schedules that are at the convenience of the providers.

Another issue which is statewide and not just within Medicaid is, you know, transportation, public transportation is lacking in this state specially in rural areas and that really does have an impact in helping individuals one, find employment or two, get to their day activity programs. Additionally just to rehash, we know that we have some areas of improvement specifically within our residential service delivery system and this would be something that I would say providers would be smart for you to go ahead and start acting on now to ameliorating these deficiencies.

So one, we know that individuals may not have a lease or residential agreement, that is something that every individual needs to have if they are in a residential habilitation setting. We know that there's access issues to allowing visitors to come to residential settings, you know, for instance we have seen situations where guests have to sign in and out of an SLP 2 program. That's going to be something that is not going to comport with the final rule and will be something as a policy that needs to be changed by that provider.

Another big issue is going to be privacy, so this includes staff accessing rooms, making sure that they're being respectful and asking permission to enter into someone's private space, as well as having the ability lock bedroom doors. And one other thing that I would highlight is proper storage of health information, Kelly and I have been to homes where we've seen medical records just on a bookshelf in the living room or perhaps on the coffee table. That's not in accordance with our confidentiality rules or HIPAA or property protecting medical information so that would be one other thing that providers should be very cognizant of and look to ameliorating within group homes.

For a full finding of all of that, you can go to our Web site, and that's going to be under our C4 global analysis of the residential and the non-residential standards.

Kelly Eifert: OK, so the next section in the assessment of the settings, next section in the plan, I'm sorry, is the assessment of the setting. So we're looking at where our waiver services provided. And so that includes looking at a review of all

of our settings and as Cassidy mentioned we have Adult Day Health Care we have DDSN and Day programs and we have a pediatric medical daycare, they all have done a self assessment review which they did last year, and so we've looked at all that information, they will also do an independent site visit and we'll talk about those in a minute.

And then from there as we determine, we don't think anybody is going to be 100 percent compliant because these are all new standards. And so we think every presenter, every setting we'll probably have some measure of compliance, some measure of change to get to compliance to the new standard. And so that when we talk about action plan development we're referring to an action plan to come into compliance with whatever a setting might not quite meet the standard.

And in some cases if there might be a setting that doesn't meet the standard or could not meet because requirement within the rule for example the setting is located within the institution or is an institution, then that section talks about the relocation of waiver participants. The assessment setting section also discusses non-visibility specific settings which are settings that are not visibility specific but still may offer waiver services. And we address that we don't have those in the state but we are DHHS health and human services is looking at how we can develop that particular provider base.

There's also section that we needed to have regarding individual private homes and considerations. CMS concern is that even if someone who receive waiver services within their own private home that there's still not isolated from the community that they live in even in their own private home. So we will be looking at ways to gather information from those folks who live in their own private home to make sure than they're not isolated and are connected to their community . We haven't developed what's that going to look like yet but we're working with the program areas on how to do that.

And then the assessment setting section also talks about ongoing compliance, what it is that once we go over settings up to compliance to meet these new starts for HCBS, then how we're going to make sure they stay there. And so

we have the outline what we're going to do and a lot of it is doing to be doing what is already being sued to make sure that settings are complying with standards, we're just going to make sure that these new additional standards are included as a part of that process whether it would be contract compliance, reviews, or licensing reviews things like that.

And so some of the initial finding are we list in the plan these are particularly from the self assessment of providers which they did all of their providers completed that 100 percent rate which was great. There was a global analysis put together in those responses, one for our none residential settings which our Adult Day Health Care and our DDSN Day Programs. And then global analysis for our residential settings, and you'll see I've listed here the appendices D and E, again those are listed on our Web site not in the actual plan itself but there are linked in the plans.

And of course again part of the assessment and settings is actually going out and doing a site visit to affirm the findings of the self assessment to see where settings are in terms of their compliance. We are going to use the self assessment as the base for those individual site visits, we are going to refine them separately for the Adult Day Health Care and the DDSN day programs, and the residential get refined as well but the settings will. The assessment is still asking the same conceptual questions.

We have began with site visits to Adult Day Health Care, those haven't put on pause while we are working on the revision for the statewide transition plan and doing the public meetings. And then our DDSN day program and residential setting will be completed, the independent site visits will be completed by a contracted vendor, are in the process of soliciting that now.

The other thing we're doing to gather information about our settings is we put out two beneficiary surveys, you can see the links on your screen now. To ask for the individual who use a settings and for the family members who may have a person that uses settings where they receive waiver services, we wanted to get your opinion. And to do so anonymously, so you feel free to be honest candid with us about how you feel.

And so we have and encourage you, if you have not completed the survey yet to please do so. Again the links are right here on the slide and we'll list our Web site again at the end of the presentation where you can access that information, we really love to hear from you. All right, next section is about our policy review and I'm going to turn that back over to Cassidy to talk about that.

Cassidy Evans: So there really haven't been any significant changes to this section of the STP other than some clarification of some information that was already in it, but nothing new really. So just to go over the settings, the HCB settings quality review process is also known as the heightened scrutiny process, and that's again looking at making sure that all of our home can be a setting, really are truly home and community base. CMS has stated that Home and Community-Based Services cannot be of course provided in an institution, so hospitals, intermediate care facilities for individuals with intellectual disabilities, IMDs or institutes for medical, or excuse me, Institutes for Mental Diseases as well as nursing facilities.

But they also has stated that they want states to make sure that they're reviewing HCB settings that might have, that might appear to have institutional qualities. And they listed three different categories, so the first one is any setting that might be in the inpatient facility, so again Kelly used the example of an Adult Day Health Care inside of a nursing facility, that's going to be an example of that. Another one is any setting that might be adjacent to a public institution.

So, you know, really what we're looking for here are composes or groupings of group homes for instance or, you know, perhaps you have a hospital and has large track of land and group home popped up on that land. So really making sure that the groupings themselves are not isolating. And then the final category is any setting that has qualities that issue some qualities that isolate individuals receiving Medicaid HCB from those not receiving Medicaid HCB within the community.

So what we're really going to be looking at is one identifying the settings, we've already started to do that and had a public comment period this past fall where we ask the public to nominate any setting they thought might fall under any of these categories. And we are now on the part of the state review of suspect settings. That state review is in part going to take place with the settings assessment whoever we get to be the vendor for the settings assessment will be asked to gather additional information from any settings that we've identified as possibly having any of these suspect qualities.

Once we get that, providers will also have the opportunity to submit any evidence to truly state that although the setting on its face might look like it's institutional, really what's happening inside the setting, what's happening programmatically truly is home and community-based. Once we make those determinations and go through the settings assessments process, the next step is going to be to give a list to CMS, again that's the Centers for Medicare and Medicaid for them to make a final determination of whether or not this setting truly meet the HCBS final rule or whether or not the settings are going to have to one no longer be used to deliver HCB services and the state will have to find another funding mechanism for those beneficiaries receiving services in that setting or the state will have to relocate those beneficiaries to HCB setting.

Now those – and so really the big update to the settings quality review process or the heightened scrutiny portion of the STP is going to really kind of delineating further how that relocation process is going to look in South Carolina. From a timeline standpoint probably not looking at doing anything like that until about 2018 since we are going to be – going to the settings assessment process hopefully beginning in 2017.

So one of the things that we do want to again highlight since we have you all as a captive audience, are some of the factors that we really will be looking at. As you all know we have designated all of our day facility settings to be going through this heightened scrutiny process. And that's part because most of our day services are provided in facility based settings, when we really are looking for community based services. So these are going to be some factors

that we're going to be looking at that are definitely going to be highlighted by us as possibly looking institutional.

You can read them on your screen right there, so, you know, looking at like multiple settings are collocated. For instance you might have a sheltered workshop, and a day activity center on a same piece of land. Or you might have a street where you have, you know, a section of just four homes right in a row. Or you might have, you know, SLP next to SLP 2 next to SLP 1. So we're looking at collocated settings.

Again pretty much anything facility base is something we want to move away from a state. One of the great things about our system and how our laws and regulations are written is that talks about how day activity services have to originate from the facility. Does mean that they have to be in the facility. So really looking at making sure that if the services can be provided in the community that it is so.

So, you know, for instance if you have a group of individuals who are working on fitness goals, instead of taking a walk around the facility maybe going out to the community and participating in a well walker program if there is one. So again just really taking the opportunity to take advantage of the resources that you might have in your community and making sure that individuals receiving HCB services are gaining the same amount of access to the community as those not receiving access to the community.

And if you have any additional questions or specify questions to what you're setting might look like, please reach out to Kelly or I and we can talk through those, again our contact information will be at the end of this presentation. As part of this process I am going and visiting all o four DSN boards to look at their day programs and kind of get a sense of how they do business. I've already been to about 10 different boards but if I have not been to your board yet I will be continuing those travels at the end of our public notice process so beginning probably at the end of October. So if I have not reached out to you or been able to connect with you to set up and come and visit your board

please reach out to me so we can get that schedule, I would like to get those all done before the end of the year.

Kelly Eifert: OK. So just to emphasize our public comment period. So you see the link for our statewide transition plan there on the screen, that's the link to the actual document and our public notice document which summarizes the changes made in this version of the plan. Again our public comment period is August 17th through October 7th. We certainly do want your questions and your feedback and there's certainly several opportunities to do so. Certainly you can submit questions via the chat box on this Webinar and I have flagged some of you who have asked questions and we'll be answering those shortly.

Again we will be traveling to do nine regional public meetings, our first one is tonight at Anderson at 6:00 PM. You can certainly e-mail those comments and our e-mail information is at the end of this presentation, you can write us comments and that information will be on the next two slides or you can submit it via the Web, we have a comment box, you can submit there. And I'm going to give you links for all that next.

First, here is the list of all of our public meetings, as you'll see they will all be held from 6:00 to 7:00 PM. This list is posted on our Web site you can look either at our statewide transition plan Webpage, you can go to our Web site and click on the event page, I've posted them all on the calendar by date, so you can see where they are. So we'll hit Anderson tonight and then we'll pick up again in September, we'll go to Fort Mill, Charleston, Greenville, Myrtle Beach, Florence, Aiken, Beaufort, and we'll end up in Columbia on October 4.

These meetings are open to the public, so if you received waiver services, if you're a family member of someone who does, if you are provider, an advocate, someone who is just interested in this, we encourage you all to attend. We hope that even though you listen to this Webinar today if you want to share with friends, colleagues, other who maybe interested, or you want ask us questions in person, we certainly would encourage you to come out.

Again the other way to submit public comments, we have our Web site listed here, you'll see the online it says you can click on the comments, it's a menu option across the top of our page. If you prefer to submit something on writing our address is there. Again the public comment period was August 17th, we started last week, it goes through October 7th.

So at this time and you'll see our e-mail information there for myself and for Cassidy and our main HCBS Web site link which have a lot of information for family members, for providers, the general public, previous presentation are on there, all previous versions of our statewide transition plan are on there, information about our Home and Community-Based Services workgroup is on there. And so if you think there's other information that would be helpful to be on our Web site, please let us know.

At this time I am going to start to take answering from the questions that have submitted in our chat box and so hopefully we'll keep up with everybody. The first question was what does CMS stand for again? CMS that is a Centers for Medicare & Medicaid Services, CMS. They are the federal partner, basically the way it works is for every Medicaid dollar, they pay 70 cents, so therefore CMS as a federal level has the controlling interest in how we run our Medicaid program. And Medicaid programs is different from state to state but CMS tells us here's the rules which you have to operate your program.

Will a hard copy of this presentation be available? I am happy to mail it to you, we will certainly post it on our Web site, and it will posted on our family connection Web site along with the transcript of this Webinar today, that typically gets up in about a week...

Male: 48 to 72 hours.

Kelly Eifert: Or 48 to 72 hours which is even faster, so be looking for that. But should you wish to have a hard copy mailed to you, our e-mail infirmity is here on the screen or the address was posted on a previous slide, you're welcome to contact us that way and request it.

Can you distribute the document you're referring to for Webinar participants? So the links are – for all the documents we refer to are on this presentation and again if you go to this Web site here that's listed on the page, you can access them that way. I will go ahead at the end and post it in the chat box as well in case that's going to be easier for you to access.

Cassidy Evans: And as for the links for the documents that have been talked about during this presentation, it's going to be under our statewide transition plan tab, and where you're going to be able to find all of the appendices and any other documents we just touched today.

Kelly Eifert: OK. And the next question was can you copy this PowerPoint on our Web site? And we will do that at some point this week. So you can at least have access to the PowerPoint itself.

Will the slide be available for download from our computers? I'm not sure about the answer to that question, but since my previously question indicates that we will post this particular PowerPoint on our Web site later this week, you can do so. Again as we go through and answer the questions I will post the link to our Web site in the chat box. For the policy meeting it's conference available and I'm assuming this means perhaps telephone conference. And those meeting the main content will be the same, so I think the only difference will be question and answer time but at this time we don't have any phone lines or conferencing ability setup for the public meeting.

Cassidy Evans: And for those questions and answer those will of course be put at part of the comment, public comments section of the statewide transition plan. So while you're not be able to see what questions were asked or what the answers to this questions were in real time, all of that information will be made publicly available when the final version of the statewide transition plan is submitted to CMS at the end of October.

Kelly Eifert: And the last question I have right now and lets go back to the chat box to check, says are these rules likely to result in even fewer available residential

placement? I'm already under the impression that the only way my daughter will ever receive residential placement is if I die, at which point she will be an emergency placement. It's pretty rough to know that your family would be barter off if you were dead.

And unfortunately, well, I wouldn't say that – no the rule is not likely – the intent is not to result in fewer residential placement, just that simply that they are integrated into the community. I know that the primary residential provider DDSN is very aware of residential capacity, and I know that they are constantly working on how to resolve that problem, I don't know that they have any best answers, but I know that they're aware of that, they're not trying to get rid of any residential placement, that's not the goal of this rule. It's just to make sure that people who are in a residential placement have the same access to the community that they live in as everybody else who lives in that community.

OK. I'm going to take a brief pause and just type in the Web site here really quick.

Cassidy Evans: And just to follow-up on those, and how the rule is going to going impact our residential setting, so there's really kind of two aim, so one it's just really making sure again that residential rehabilitation setting are truly inscribed in the community as Kelly said. But, you know, as service deliver system in general it's really – we're really looking at the service system to be helping individuals move towards independence. So helping individuals who are capable of it to live truly independently within the community, truly getting their own place, I know that's a goal that we hear all the time from beneficiaries that they want to live in their own place.

And if we truly have a person centered service delivery system, we would be moving individuals closers to actual independent into the community and actually meaningful integration of the community not living in a residential habilitation setting if they don't need to be. But making sure that they're getting the skills so that they can live independently.

So it's not that the rule in anyway taking away settings, if anything it's just helping the service delivery system overall work towards again true integration and independence for individuals.

The next question is how does this plan impact the PDD waiver program? Quite frankly it doesn't. The PDD waiver program is transitioning to our state plan program, so although the PDD waiver program is still active, it is not impacted by this rule. One because most of the settings actually are already in the community so it's not something we need to assess. But two the state plan option for these types of services are already live, you can already access those. So there's no need to review any of it since the state plan is not under this rule.

Kelly Eifert: The next question is our Medicaid rates going to increase to pay for all this individualize service? And my first answer at this point is not at this time, we know that rates are being reviewed to create rates that would allow providers to directly enroll with Medicaid, which is connected actually to provide though through the state legislature. And we know that program areas are aware that providers would like to see a rate increase and certainly reviewing their options. But unfortunately I don't have a much better answer than – at this point I don't know. But I will certainly take this back to our leadership to see if I can get a little bit better answer. But it maybe almost (none answer), and I do apologize for that.

Cassidy Evans: And this is Cassidy, I would say this, this is something that we have touched about with our federal partners about how rates impact the true ability to carry out the HCBS final rule regulation. And this is something that it's not just South Carolina is struggling with, this is the national problem and our federal partners are going to be providing some more technical assistance on how rates can perhaps restructured or different resources can be levied to help providers financially carry out what the rule requires.

Kelly Eifert: OK. So looking back through our chat box, OK. Where on your Web site are the links for the family consumer surveys?

Cassidy Evans: Those are going to be found under the tab that says members and families, you should – if you scroll over that it should pop down and you should be able to see the surveys there.

Kelly Eifert: So just don't click on that button just hover over the number and then you'll see the menu dropdown and there are two different individual links. I do want to address an earlier question that I responded to indicating that potentially there are some (DHAG DHEC regs 61-25 that apparently being applied to CRCF regarding retail food establishments. I want to thank the person who submitted that question because we will look into that, we were not aware of that, so thank you for bringing that to our attention.

Cassidy Evans: That being said however, because residential habilitation can only be provided in settings that are DDSN licensed and approved, although CRCF regulations which apply to all of our CRCF which I think there's around – about 400 in the state, the regulations (are a floor). And our DDSN residential habilitation standard go above and above the (floor sets) by the regulation and individuals living in CRCF that are also providing residential habilitation still have – are (forwarded) the same rights and protections as any other individual living in a residential habilitation standard, excuse me, setting.

So in much of – and as you'll see in the systemic review chart that details how residential habilitation settings comfort with the final rule, you'll see that most of the regulatory problems with the DHEC regs are ameliorated or mitigated by the residential habilitations standards. That being said of course we'll take a closer look at that regulation so thank you for pointing that out.

Kelly Eifert: Next question. Is there a way for a team who is currently covered by South Carolina Medicaid due to being deemed disabled, through SSI due to mild intellectual deficit, learning disabilities, and physical disabilities, and other diagnosis to obtain waiver services other than through being approved by DDSN.

Each of our waiver programs and there are nine total has their own set of criteria, DDSN operates four of those waivers, four health and human

services, the other three waivers are run through our community and long term care program otherwise known as CLTC and they have the community choices waiver, the HIV AIDS waiver, and mechanical ventilator dependent waiver.

So depending on which waiver the team would qualify for would depends on where they could receive services. And it maybe that the criteria are better suited perhaps for the waiver operated by DDSN than by CLTC. But you can always call any of the information lines regarding the waivers to find that out. And certainly if you want to contact myself or Cassidy directly to get information about where to call or certainly you can go to the Medicaid Web site you're more than welcome to do so. I hope that addresses the question, its' really a matter of we just need to call and find out and get some information before making any determination about them.

OK. If there are other questions we still have about 10 mints on this Webinar, again you can submit them in the chat box. I hope everybody saw that we posted the link to our HCBS Web site so www.SCDHHS.gov/hcbs, you can go to that Web site and you will find all the information that we're referring to there.

If you're concerned that it looks different than the one that you see up on your page, do not worry, it will redirect you to there.

We have a new question, it says will PC 2 services, that's Personal Care 2 services be moving to more HCBS like waiver services. Well, some of our waivers already offer this as a service, I know you can find that in IDRD our intellectual disabilities and related disabilities waiver. I believe it is in our community support waiver services. I think our head and spinal cord injury waiver actual has attendant care instead of PC 2 and I believe this is also available in our community choices waiver.

So I'm not sure if that addresses your question, again if you have something more specific you're welcome to contact myself or Cassidy directly. And if

we don't know the answer we can get you to the person who does. But that is what I know at this time. So the next question.

Cassidy Evans: It's how many other states are in compliance with this rule?

The answer is no other states is in compliance with this rule. Although there are states that have received initial approval of their statewide transition plan, that in itself is just the blueprint of moving their individual system towards compliance. As for Tennessee who has final approval, again that's merely of the plan itself. Every state has until March 17, 2019 to show compliance with this final rule and no state has obtained that. Additionally it's important to point out that some states have actually within their transition plan, noted that their transition to some of the requirements might actually go pass 2019. So as stated though no one is compliant yet.

Kelly Eifert: And if they were I'm sure they'll be selling all their information to the other states tell us how to get there. Again if anyone has any other question, please feel free to submit them in the chat box. And again I want to encourage folks to come to our public meetings, you know, if you know of folks who might be interested in attending let them known, there's no registration required, they just simply need to show up and we will be there.

It will be this presentation, so the same information, just maybe different question. But we will be there available to talk with you about this plan and any other questions that maybe presented in that time. I'm very appreciative for everyone today who chose to listen in and register with us, we definitely appreciate it. And hope that we'll share, again we'll get all this information but we set particular Webinar PowerPoint on our Web site, and again it will be up on family connections within 48 to 72 hours. And that should have a transcript available with it which will be great. So should you need extra assistance in reading if Cassidy and I might be talking too fast, you can certainly go back through and read what we said.

And there's time for any other question, we have about six more minutes before our time is up.

Again, if anyone has any individual questions, please feel free to e-mail myself or Cassidy and we will answer the best we can. But if we cannot we will absolutely get you to the person who can. We'll make sure we connect people with resources to answer those questions.

Well, we are not seeing any other questions being posted at this time. I'll remind everyone while the other ways that you can submit questions about the transition plan, if you don't get it through the Webinar today, you can go online to our Web site, go to the comment section. If you go to our Web site and you'll find our public noticed that is posted with the mailing address, if you prefer to mail, you can certainly e-mail myself or Cassidy directly or if you want to attend the public meeting we'll be recording those, and note those questions as well.

We appreciate everyone joining us today, thank you so much for your questions, and for your attendance, we hope this was informational. Again we encourage you to come out to our public meetings, all of them will be held from 6:00 to 7:00 around the state starting tonight in Anderson and we thank you all so much for your time today. And that concludes our Webinar.

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